

# ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 148

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
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DATE OF BIRTH\* May 20 1924  
(Month) (Day) (Year)

FULL NAME	FATHER
FULL MAIDEN NAME	MOTHER

I HEREBY CERTIFY that the child described  
herein has been named

Alfred G. Verdugo (Give name in full) Verdugo (Surname)  
Ruthia Verdugo (Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
OM-8-42-Bower Co.

156-520-149